

## **ADVANCED SICK LEAVE HELPFUL INFORMATION**

Reference: DOE 3630.1B

**Advancing Sick Leave.** Up to 30 days (240 hours) of sick leave may be advanced for serious disability or ailment when the employee's earned sick leave balance is exhausted and when continued employment is expected upon recovery. The outstanding balance of advanced sick leave may not in any case exceed 30 days (5 U.S.C. 6307 (c)) or, for an employee serving under a time-limited appointment, the amount of sick leave he or she will earn during the term of the appointment (5 CFR 630.404). Approval of both the first and second level supervisors, together with a medical certificate giving evidence of serious disability or ailment and, if possible, the approximate date when the employee is expected to be able to return to work, is required to support advanced sick leave. (Heads of Departmental Elements may approve an advance of sick leave without further supervisory review.) Sick leave shall not be advanced to an employee who has applied for disability retirement. Supervisors and employees are reminded that an employee does not have a vested right to advanced sick leave, regardless of the circumstances.

### Hour Code in ATAAPS:

LG (Advanced Sick Leave)

The use of the "LG" Hour Code is to be used once the official authorization/approval of the advanced sick leave has been granted to the employee and the paperwork has been forwarded to the Payroll Office. The medical certificate is not to be forwarded to the Payroll Office.

The approved paperwork is to be faxed to the Payroll Office at either 301-903-3916 or 301-903-1054.

## Advanced Sick Leave Request Sample Memo

### Memorandum

Date: (Date of Memo)

Reply to  
Attn of:

Subject: Request for Advanced Sick Leave for \_\_\_\_\_

To: (Authorized Approving Official)

\_\_\_\_\_ is requesting \_\_\_\_\_ hours of advanced sick leave for the period  
\_\_\_\_\_ to \_\_\_\_\_ due to \_\_\_\_\_.

I recommend approval of the hours of advanced sick leave requested. Attached is a copy of his/her request and medical documentation.

Please contact me at \_\_\_\_\_ if you have any questions or concerns.

Name/Signature  
Title  
Office

#### Attachments:

Medical Documentation (to be kept with office files – do not forward to Payroll)  
Employee's Request (to be kept with office files – do not forward to Payroll)

Approve: \_\_\_\_\_ Date: \_\_\_\_\_

Disapprove: \_\_\_\_\_